

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-079)

MAILING ADDRESS  
10/553, 018  
APPLICATION

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		5-1					56						
7		1					57						
8		60					58						
9		60					59						
10		65					60						
11		10					61						
12		60					62						
13							63						
14		1					64						
15							65						
16		1					66						
17							67						
18							68						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL Ctg.	4						TOTAL Ctg.						
TOTAL DIA.	2012						TOTAL DIA.						
TOTAL CLAIMS	261						TOTAL CLAIMS						
16													

PTO-1420 (REV. 2-3)

U.S. DEPARTMENT OF COMMERCE  
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